

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.Full Name (Last, First, Middle Initial)
FRIENDS OF DOC HASTINGS

Mailing Address PO Box 2926

City Pasco State WA Zip Code 99302

Purpose of Disbursement
ContributionCandidate Name
DOC HASTINGSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 04

Transaction ID: SB23.5696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.Full Name (Last, First, Middle Initial)
FRIENDS OF JIM INHOFE COMMITTEE

Mailing Address PO BOX 13300

City OKLAHOMA CITY State OK Zip Code 73113

Purpose of Disbursement
ContributionCandidate Name
JAMES M INHOFECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District:

Transaction ID: SB23.5680

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

C.Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
ContributionCandidate Name
LOIS G. CAPPSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.5693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)